

# 2021 Express Scripts National Preferred Formulary For HealthSmart

**KEY**  
[INJ] - Injectable Drug  
Brand-name drugs are listed in CAPITAL letters.  
Generic drugs are listed in lower case letters.

**A**  
ABILIFY MAINTENA [INJ]  
acetaminophen/codeine  
ACTEMRA [INJ]  
acyclovir  
ADEMPAS  
ADVAIR HFA  
ADVATE [INJ]  
ADYNOVATE [INJ]  
AFSTYLA [INJ]  
AIMOVIG [INJ]  
AJOVY [INJ]  
albuterol nebulization solution  
albuterol sulfate hfa (by Cipla, Lupin, Par, Perrigo, Proficient Rx & Teva)

ALECENSA  
alendronate  
allopurinol  
ALPHAGAN P 0.1%  
alprazolam  
ALUNBRIG  
amiodarone  
amitriptyline  
amlodipine  
amlodipine/benazepril  
amlodipine/valsartan  
amoxicillin  
amoxicillin/potassium clavulanate  
AMZEEQ  
anastrozole  
ANDRODERM  
ANORO ELLIPTA  
ARALAST NP [INJ]  
ARIKAYCE  
aripiprazole  
ARISTADA [INJ]  
ARNUITY ELLIPTA  
ASMANEX HFA  
ASMANEX TWISTHALER  
atenolol  
atenolol/chlorthalidone  
atomoxetine  
atorvastatin  
AUBAGIO  
AUSTEDO  
AVONEX [INJ]  
AZASITE  
azelastine nasal spray  
azithromycin

**B**  
baclofen  
BAFIERTAM

BAQSIMI  
BARACLUDE SOLUTION  
BAXDELA  
BD AUTOSHIELD  
DUO NEEDLES  
BD ULTRAFINE  
INSULIN SYRINGES  
BD ULTRAFINE PEN NEEDLES  
BELBUCA  
benazepril  
benzonatate  
BETASERON [INJ]  
BEVESPI AEROSPHERE  
BIKTARVY  
bisoprolol/hctz  
blisovi fe  
BOSULIF  
BREQ ELLIPTA  
BREZTRI AEROSPHERE  
BRILINTA  
budesonide nebulization suspension  
bupropion  
bupropion ext-release  
buspirone  
butalbital/acetaminophen/caffeine  
BYDUREON [INJ]  
BYETTA [INJ]

**C**  
CABOMETYX  
carbidopa/levodopa  
carvedilol  
cefdinir  
cefuroxime axetil  
celecoxib  
cephalexin  
CERDELGA  
CEREZYME [INJ]  
CETROTIDE [INJ]  
CHANTIX  
chlorhexidine gluconate  
chlorthalidone  
CIMDUO  
ciprofloxacin  
citalopram  
clarithromycin  
clindamycin hcl  
clindamycin phosphate topical  
clindamycin phosphate/benzoyl peroxide  
clobetasol propionate  
clomiphene citrate  
clonazepam  
clonidine  
clopidogrel  
clotrimazole/betamethasone dipropionate  
colchicine tablets  
COMBIGAN  
COMBIPATCH  
COMBIVENT RESPIMAT

COMETRIQ  
CORLANOR  
CREON  
cyanocobalamin [INJ]  
cyclobenzaprine  
**D**  
DALIRESP  
DAYTRANA  
DESCOVY  
desloratadine  
desvenlafaxine succinate ext-release  
dexamethasone  
DEXCOM RECEIVER, SENSOR, TRANSMITTER  
dexmethylphenidate ext-release  
dextroamphetamine/amphetamine  
dextroamphetamine/amphetamine ext-release  
diazepam  
diclofenac sodium delayed-release  
dicyclomine  
digoxin  
diltiazem ext-release  
dimethyl fumarate  
diphenoxylate/atropine  
divalproex delayed-release  
divalproex ext-release  
DIVIGEL  
donepezil  
doxazosin  
doxycycline hyclate  
doxycycline monohydrate  
DUAVEE  
DULERA  
duloxetine delayed-release  
DUPIXENT [INJ]  
DYANAVAL XR

**E**  
ELIQUIS  
ELOCTATE [INJ]  
EMGALITY [INJ]  
emtricitabine/tenofovir disoproxil fumarate  
EMVERM  
enalapril  
ENBREL [INJ]  
ENDOMETRIN  
enoxaparin [INJ]  
ENSTILAR  
ENTRESTO  
ENTYVIO [INJ]  
EPLUSA  
EPIDIOLEX  
epinephrine auto-injector (by Mylan, Teva) [INJ]  
EPIPEN, EPIPEN JR [INJ]  
ergocalciferol

ERIVEDGE  
ERLEADA  
erythromycin eye ointment  
ESBRIET  
escitalopram  
esomeprazole magnesium delayed-release  
ESPEROCT [INJ]  
estradiol  
estradiol patches  
estradiol/norethindrone acetate  
ESTRING  
eszopiclone  
etonogestrel-ee vaginal ring  
EUFLEXXA [INJ]  
ezetimibe  
ezetimibe/simvastatin

**F**  
famotidine  
FARXIGA  
FASENRA [INJ]  
fenofibrate  
fenofibrate micronized  
fenofibric acid  
digoxin  
fentanyl patches  
FETZIMA  
FINACEA FOAM  
finasteride  
FLECTOR  
FLOVENT DISKUS  
FLOVENT HFA  
fluconazole  
fluocinonide  
flouxetine  
fluticasone nasal spray  
folic acid  
FORTEO [INJ]  
FRAGMIN [INJ]  
FREESTYLE KITS/METERS:  
FREESTYLE FREEDOM,  
FREESTYLE FREEDOM LITE,  
FREESTYLE INSULINX,  
FREESTYLE LITE  
FREESTYLE LIBRE & LIBRE 2  
READER, SENSOR  
FREESTYLE TEST STRIPS:  
FREESTYLE,  
FREESTYLE INSULINX,  
FREESTYLE LITE

FULPHILA  
furosemide  
FYCOMPA

**G**  
gabapentin  
GAMMACORE  
GELNIQUE  
gemfibrozil  
GENOTROPIN [INJ]  
GENVOYA

GILENYA  
GLASSIA [INJ]  
glimepiride  
glipizide  
glipizide ext-release  
GLUCAGEN [INJ]  
GLUCAGON [INJ]  
glyburide  
GLYXAMBI  
GONAL-F, GONAL-F RFF,  
GONAL-F RFF  
REDI-JECT [INJ]  
GRASTEK  
guanfacine ext-release  
GVOKE [INJ]

**H**  
HARVONI  
HUMALOG [INJ]  
HUMIRA [INJ]  
HUMULIN [INJ]  
hydralazine  
hydrochlorothiazide  
hydrocodone/acetaminophen  
hydrocodone/  
chlorpheniramine polistirex ext-release  
hydrocortisone topical  
hydromorphone  
hydroxychloroquine  
hydroxyzine hcl  
hydroxyzine pamoate  
HYSINGLA ER

**I**  
ibandronate  
IBRANCE  
ibuprofen  
INBRIJA  
INCROUTE ELLIPTA  
indomethacin  
INLYTA  
INVELTYS  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
irbesartan  
IRESSA  
isosorbide mononitrate ext-release

**J**  
JANUMET, JANUMET XR  
JANUVIA  
JARDIANCE  
JIVI [INJ]  
JULUCA  
junel  
junel fe

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** Brand-name drugs may move to nonformulary status if a generic version becomes available during the year. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your prescription plan. For specific questions about your coverage, please call the phone number printed on your member ID card.

(continued)

Go to [express-scripts.com/2021drugs](https://express-scripts.com/2021drugs) for a full list of formulary exclusions with their covered alternatives or log on to compare drug prices. Costs for covered alternatives may vary. THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2021 THROUGH DECEMBER 31, 2021. THIS LIST IS SUBJECT TO CHANGE. You can find more information at [express-scripts.com](https://express-scripts.com).

**K**

KANJINTI [INJ]  
 KESIMPTA [INJ]  
 ketoconazole topical  
 ketorolac  
 KITABIS PAK  
 KOGENATE FS [INJ]  
 KOVALTRY [INJ]  
 KYLEENA  
 KYNMOBI

**L**

labetalol  
 lamotrigine  
 lansoprazole delayed-release  
 LANTUS [INJ]  
 latanoprost eye solution  
 LATUDA  
 LEVEMIR [INJ]  
 levetiracetam  
 levocetirizine  
 levofloxacin  
 levofloxacin sodium  
 LICART  
 lidocaine patches  
 LINZESS  
 liothyronine  
 LIPOFEN  
 lisinopril  
 lisinopril/hctz  
 LIVALO  
 LOKELMA  
 lorazepam  
 LORBRENA  
 losartan  
 losartan/hctz  
 LOTEMAX GEL, OINTMENT  
 LOTEMAX SM  
 loteprednol eye suspension  
 lovastatin  
 LUMIGAN  
 LUPANETA PACK [INJ]  
 LUPRON DEPOT  
 3.75 MG, 11.25 MG [INJ]  
 LUPRON DEPOT-PED [INJ]  
 LYNPARZA  
 LYUMJEV [INJ]

**M**

MAYZENT  
 meclizine  
 medroxyprogesterone  
 meloxicam  
 metaxalone  
 metformin  
 metformin ext-release  
 methimazole  
 methocarbamol  
 methotrexate  
 methylphenidate  
 methylphenidate ext-release  
 methylprednisolone  
 metoclopramide  
 metoprolol succinate  
 ext-release  
 metoprolol tartrate  
 metronidazole  
 metronidazole topical  
 metronidazole vaginal  
 microgestin fe  
 minocycline  
 MIRENA  
 mirtazapine  
 MIRVASO  
 MITIGARE  
 mometasone  
 MONOVISC [INJ]

montelukast  
 morphine sulfate ext-release  
 MOVANTIK  
 moxifloxacin eye solution  
 mupirocin  
 MUSE  
 MVASI [INJ]  
 MYDAYIS  
 MYRBETRIQ

**N**

nabumetone  
 NAMZARIC  
 naproxen, naproxen sodium  
 NARCAN NASAL SPRAY  
 NASCOBAL  
 NATESTO  
 NAYZILAM  
 neomycin/polymyxin/  
 hydrocortisone ear solution  
 NEXLETOL  
 NEXLIZET  
 niacin ext-release  
 nifedipine ext-release  
 NINLARO  
 nitrofurantoin macrocrystal  
 NITYR  
 NIVESTYM [INJ]  
 NORDITROPIN [INJ]  
 nortriptyline  
 NOVAREL [INJ]  
 NOVOEIGHT [INJ]  
 NOVOFINE AUTOSHIELD  
 NEEDLES  
 NOVOFINE NEEDLES  
 NOVOTWIST NEEDLES  
 NUBEQA  
 NUCALA [INJ]  
 NUEDEXTA  
 nystatin  
 nystatin topical  
 NYVEPRIA [INJ]

**O**

ODACTRA  
 ODEFSEY  
 ODOMZO  
 OFEV  
 ofloxacin  
 olanzapine  
 olmesartan  
 olmesartan/hctz  
 omega-3 acid ethyl esters  
 omeprazole delayed-release  
 ondansetron  
 ondansetron orally  
 disintegrating tablets  
 ONETOUCH KITS/METERS:  
 ULTRA 2, ULTRAMINI,  
 VERIO, VERIO FLEX  
 ONETOUCH TEST STRIPS:  
 ULTRA, VERIO  
 ONEXTON  
 OPSUMIT  
 ORALAIR  
 ORIAHNN  
 ORILISSA  
 ORTHOVISC [INJ]  
 oseltamivir  
 OTEZLA  
 OTOVEL  
 OVIDREL [INJ]  
 oxcarbazepine  
 oxybutynin ext-release  
 oxycodone  
 oxycodone/acetaminophen  
 OXYCONTIN  
 OZEMPIC [INJ]

**P**

PANCREAZE  
 pantoprazole delayed-release  
 paroxetine hcl  
 penicillin v potassium  
 PENTASA  
 PERFOROMIST  
 PHOSLYRA  
 pioglitazone  
 PLEGRIDY [INJ]  
 polymyxin/trimethoprim  
 eye solution  
 potassium chloride  
 ext-release  
 pramipexole  
 pravastatin  
 PRECISION XTRA METERS,  
 TEST STRIPS,  
 B-KETONE STRIPS  
 prednisolone acetate  
 eye suspension  
 prednisolone sodium  
 phosphate  
 prednisone  
 pregabalin  
 PREMARIN CREAM  
 PROCRIT [INJ]  
 progesterone micronized  
 PROLASTIN C [INJ]  
 promethazine  
 promethazine/  
 dextromethorphan  
 propranolol  
 propranolol ext-release  
 PULMICORT FLEXHALER

**Q**

QNASL  
 QUDEXY XR  
 quetiapine  
 QUILLICHEW ER  
 QUILLIVANT XR  
 quinapril  
 QVAR REDIHALER

**R**

rabeprazole delayed-release  
 RAGWITEK  
 raloxifene  
 ramipril  
 RASUVO [INJ]  
 REBIF [INJ]  
 RECTIV  
 RELISTOR [INJ]  
 RELISTOR TABLETS  
 REMICADE [INJ]  
 REPATHA [INJ]  
 RESTASIS  
 RETACRIT [INJ]  
 REVLMID  
 RHOPRESSA  
 RINVOQ ER  
 risperidone  
 rizatriptan  
 ropinirole  
 rosuvastatin  
 RUBRACA  
 RUCONEST [INJ]  
 RUXIENCE [INJ]  
 RYBELSUS

**S**

SAVELLA  
 SEGLUROMET  
 SEREVENT DISKUS  
 sertraline

SEVENFACT [INJ]  
 sildenafil  
 SIMPONI 100 MG (for  
 ulcerative colitis only) [INJ]  
 simvastatin  
 SKYLA  
 SKYRIZI [INJ]  
 SOLIQUA [INJ]  
 SOLOSEC  
 SOMATULINE DEPOT [INJ]  
 SPIRIVA HANDIHALER  
 SPIRIVA RESPIMAT  
 spironolactone  
 sprintec  
 SPRYCEL  
 STEGLATRO  
 STEGLUJAN  
 STELARA SC [INJ]  
 STIOLTO RESPIMAT  
 STRENSIQ [INJ]  
 SUBLOCADE [INJ]  
 sulfamethoxazole/  
 trimethoprim  
 sumatriptan  
 SUNOSI  
 SUTENT  
 SYMBICORT  
 SYMFI  
 SYMFI LO  
 SYMJEPI [INJ]  
 SYMLINPEN [INJ]  
 SYMPROIC  
 SYMTUZA  
 SYNJARDY, SYNJARDY XR

**T**

tacrolimus topical  
 tadalafil  
 TAKHZYRO [INJ]  
 TALICIA  
 TALTZ [INJ]  
 TALZENNA  
 tamoxifen  
 tamsulosin ext-release  
 TASIGNA  
 TAZORAC GEL  
 TAZORAC 0.05% CREAM  
 TEGSEDI [INJ]  
 TEKTURN HCT  
 TEMIXYS  
 terazosin  
 terconazole vaginal  
 testosterone cypionate [INJ]  
 timolol maleate eye solution  
 tizanidine  
 TOBI PODHALER  
 TOBRADEX OINTMENT  
 TOBRADEX ST  
 tobramycin eye solution  
 tobramycin/dexamethasone  
 eye suspension  
 topiramate  
 TOUJEO [INJ]  
 TOVIAZ  
 TRACLEER SUSPENSION  
 tramadol  
 travoprost eye solution  
 TRAZIMERA [INJ]  
 trazodone  
 TREGLEG ELLIPTA  
 TREMFYA [INJ]  
 treprostinil [INJ]  
 TRESIBA [INJ]  
 triamcinolone topical  
 triamterene/hctz  
 TRIJARDY XR  
 tri-lo-marzia  
 TRIPTODUR [INJ]  
 tri-sprintec

TRIUMEQ  
 TRULANCE  
 TRULICITY [INJ]  
 TYMLOS [INJ]

**U**

UCERIS FOAM  
 UPTRAVI

**V**

valacyclovir  
 valsartan  
 valsartan/hctz  
 VARUBI  
 VASCEPA  
 VELPHORO  
 venlafaxine  
 venlafaxine ext-release  
 verapamil ext-release  
 VERZENIO  
 VIBERZI  
 VIMPAT  
 VIOKACE  
 VIZIMPRO  
 VOSEVI  
 VUMERITY  
 VYVANSE

**W**

warfarin

**X**

XALKORI  
 XARELTO  
 XELJANZ, XELJANZ XR  
 XIFAXAN  
 XIGDUO XR  
 XIIDRA  
 XOLAIR [INJ]  
 XTANDI  
 XULTOPHY [INJ]  
 XYREM  
 XYWAV

**Y**

YONSA  
 YUPELRI  
 yuvafem

**Z**

ZARXIO [INJ]  
 ZEJULA  
 ZENPEP  
 ZEPATIER  
 ZEPOSIA  
 ZERVIAE  
 ZIEXTENZO [INJ]  
 ZIOPTAN  
 ZIRABEV [INJ]  
 zolpidem  
 zolpidem ext-release  
 ZOMIG NASAL  
 ZTLIDO  
 ZUBSOLV  
 ZYLET  
 ZYTIGA 500 MG

## 2021 HealthSmart Preferred Drug List Exclusions

The excluded medications shown below are not covered on the HealthSmart drug list. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

**Take action to avoid paying full price.** If you're currently using one of the excluded medications, please ask your doctor to consider writing you a new prescription for one of the following preferred alternatives. Additional covered alternatives may be available. Costs for covered alternatives may vary. Log on to [express-scripts.com/covered](https://www.express-scripts.com/covered) to compare drug prices. Not all the drugs listed are covered by all prescription plans; check your benefit materials for the specific drugs covered and the copayments for your plan. For specific questions about your coverage, please call the number on your member ID card.

Express Scripts manages your prescription plan for your employer, plan sponsor, health plan or benefit fund.

| Drug Class   | Excluded Medications                     | Preferred Alternatives   |   |
|--|--|--|---|
| <b>ANTIINFECTIVES</b><br>Antibiotic Agents - Vancomycins (Oral)                                      | FIRVANQ                                  | vancomycin capsules, vancomycin oral solution  |   |
|  | Antifungal Agents (Oral)                 | TOLSURA  | itraconazole  |
|  | Antivirals (Oral)                        | SITAVIG  | acyclovir oral or cream, famciclovir, valacyclovir  |
|  | Chagas Disease Agents                    | LAMPIT   | BENZNIDAZOLE  |
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM</b><br>Alpha-2 Adrenergic Agonists (for Opioid Withdrawal) | LUCEMYRA                                 | clonidine  |   |
|  | Anticonvulsants                          | APTIOM   | carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT  |
|  |  | FINTEPLA   | DIACOMIT, EPIDIOLEX   |
|  | Antimigraine Agents                      | VYEPTI   | AIMOVIG, AJOVY, EMGALITY  |
|  |  | ZOLMITRIPTAN NASAL SPRAY   | sumatriptan nasal spray, ZOMIG NASAL  |
|  | Antiparkinsonism Agents                  | APOKYN~  | KYNMOBI   |
|  |  | GOCOVRI ER   | amantadine capsules, amantadine tablets, amantadine oral solution   |
|  |  | ONGENTYS   | entacapone  |
|  |  | XADAGO, ZELAPAR  | rasagiline, selegiline  |
|  | Antipsychotics (Oral)                    | CAPLYTA  | aripiprazole, asenapine, olanzapine, quetiapine er, quetiapine fumarate, risperidone, ziprasidone, LATUDA   |
|  | Antispasmodic Agents                     | OZOBAX   | baclofen, tizanidine  |
|  | Central Nervous System Stimulants        | AMPHETAMINE ER SUSPENSION  | dexamethylphenidate er, dextroamphetamine er, dextroamphetamine/amphetamine er, methylphenidate cd, methylphenidate er, methylphenidate la, DYANAVEL XR, MYDAYIS, QUILLICHEW ER, QUILLIVANT XR, VYVANSE |
|  | Duchenne Muscular Dystrophy (DMD) Agents | EMFLAZA  | prednisone solution, prednisone tablets   |
|  |  | EXONDYS 51, VILTEPSO, VYONDYS 53   | No alternatives recommended   |
|  | Lambert-Eaton Myasthenic Syndrome Agents | FIRDAPSE   | RUZURGI   |
|  | Multiple Sclerosis (Beta Interferons)    | EXTAVIA  | AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE  |
|  | Narcotic Analgesics & Combinations       | APADAZ, BENZHYDROCODONE/ACETAMINOPHEN  | hydrocodone/acetaminophen   |
| MORPHABOND ER, NUCYNTA ER, OXYCODONE ER, XTAMPZA ER  |  | hydromorphone er, morphine sulfate er, oxymorphone er, HYSINGLA ER, OXYCONTIN            |   |
| NUCYNTA  |  | hydrocodone/acetaminophen, morphine sulfate, oxycodone, tramadol, tramadol/acetaminophen |   |
| PRIMLEV  |  | oxycodone/acetaminophen  |   |
| QDOLO  |  | tramadol tablets   |   |

~ Medications will be excluded beginning 07/01/2021.

*Continued*

| Drug Class  | Excluded Medications   | Preferred Alternatives   |  |
|---|--|--|--|
| <b>AUTONOMIC &amp; CENTRAL NERVOUS SYSTEM (continued)</b><br>Narcotic Antagonists | BUNAVAIL   | buprenorphine/naloxone, ZUBSOLV  |  |
|   | EVZIO, NALOXONE AUTO-INJECTOR                                      | naloxone syringes, NARCAN NASAL SPRAY  |  |
|   | Neuropathic Agents   | LYRICA CR  | gabapentin, pregabalin   |
|   | Sedative-Hypnotic Agents   | DORAL, QUAZEPAM  | estazolam, lorazepam   |
|   | Selective Serotonin Reuptake Inhibitors (SSRIs)<br>Antidepressants | PEXEVA, VIIBRYD  | citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline  |
|   | Serotonin/Norepinephrine Reuptake Inhibitor<br>Antidepressants     | DRIZALMA SPRINKLE  | desvenlafaxine er, duloxetine, venlafaxine er, FETZIMA   |
|   | Tardive Dyskinesia Therapy   | INGREZZA   | AUSTEDO  |
|   | Transmucosal Fentanyl Analgesics                                   | FENTANYL CITRATE BUCCAL TABLETS, FENTORA, LAZANDA, SUBSYS  | fentanyl citrate lozenges  |
| Miscellaneous Antidepressants   | SPRAVATO   | olanzapine/fluoxetine, bupropion, desvenlafaxine er, duloxetine, escitalopram, mirtazapine, sertraline |  |
| <b>CARDIOVASCULAR</b><br>ACE Inhibitors   | EPANED   | enalapril  |  |
|   | QBRELIS  | lisinopril   |  |
|   | Angiotensin Receptor Blockers (ARBs) and Combinations              | EDARBI   | candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan  |
|   |  | EDARBYCLOR   | candesartan/hydrochlorothiazide, irbesartan/hydrochlorothiazide, losartan/hydrochlorothiazide, olmesartan/hydrochlorothiazide, telmisartan/hydrochlorothiazide, valsartan/hydrochlorothiazide, chlorthalidone plus valsartan |
|   | Anticoagulants   | PRADAXA, SAVAYSA   | ELIQUIS, XARELTO   |
|   | Beta Blockers & Combinations                                       | BYSTOLIC   | atenolol, carvedilol, metoprolol succinate   |
|   |  | DUTOPROL   | metoprolol tartrate/hydrochlorothiazide, metoprolol succinate er plus hydrochlorothiazide  |
|   |  | INDERAL XL, INNOPRAN XL  | propranolol er   |
|   |  | KAPSPARGO SPRINKLE   | metoprolol succinate   |
|   | Calcium Channel Blockers   | CONJUPRI   | amlodipine, felodipine er, nifedipine er, nisoldipine  |
| KATERZIA  |  | amlodipine   |  |
| HMG & Cholesterol Inhibitor Combinations  | ALTOPREV, EZALLOR SPRINKLE   | atorvastatin, fluvastatin er, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, LIVALO       |  |
| PCSK9 Inhibitors  | PRALUENT   | REPATHA  |  |
| Miscellaneous Cardiovascular Agents   | CORLANOR~  | atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol               |  |
| <b>DERMATOLOGICAL</b><br>Agents for Hyperhidrosis                                 | DRYSOL   | Over-the-Counter aluminum chloride containing products   |  |
| Oral Agents for Acne  | DORYX DR 80 MG, DOXYCYCLINE HYCLATE DR 80 MG                       | doxycycline hyclate, doxycycline monohydrate   |  |
|   | MINOCYCLINE ER CAPSULES, XIMINO                                    | minocycline er tablets   |  |
| Rosacea Agents (Oral)   | DOXYCYCLINE 40 MG CAPSULES   | doxycycline hyclate, doxycycline monohydrate   |  |
| Topical Agents for Acne   | CLINDAGEL, CLINDAMYCIN PHOSPHATE 1% GEL (BY OCEANSIDE)             | clindamycin phosphate gel, erythromycin gel, AMZEEQ  |  |
|   | EPIDUO FORTE   | adapalene/benzoyl peroxide   |  |
|   | VELTIN   | clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ONEXTON            |  |
|   | WINLEVI  | clindamycin phosphate gel, clindamycin/tretinoin, erythromycin gel, tretinoin, AMZEEQ, ONEXTON         |  |

~ Medications will be excluded beginning 07/01/2021.

*Continued*

| Drug Class  | Excluded Medications  | Preferred Alternatives   |
|---|---|--|
| <b>DERMATOLOGICAL (continued)</b><br>Topical Agents for Actinic Keratosis                                     | CARAC, FLUOROURACIL 0.5% CREAM,<br>IMIQUIMOD 3.75% CREAM PUMP, KLISYRI, ZYCLARA   | diclofenac 3% gel, fluorouracil 2% solution,<br>fluorouracil 5% cream, imiquimod 5% cream  |
| Topical Agents for Plaque Psoriasis   | WYNZORA   | betamethasone dipropionate, calcipotriene,<br>calcipotriene/betamethasone dipropionate,<br>clobetasol propionate, diflorasone diacetate, ENSTILAR  |
| Topical Antifungals   | ECOZA, LULICONAZOLE, SULCONAZOLE, XOLEGEL   | ciclopirox, econazole, ketoconazole, naftifine, oxiconazole  |
| Topical Corticosteroids   | CLOCORTOLONE  | betamethasone valerate, fluocinolone acetonide,<br>triamcinolone acetonide   |
|   | IMPEKLO   | betamethasone dipropionate, clobetasol, desonide,<br>desoximetasone, diflorasone, fluocinonide, halcinonide,<br>halobetasol, mometasone, triamcinolone   |
|   | VERDESO FOAM  | desonide 0.05% cream/lotion/ointment,<br>desoximetasone 0.25% cream/ointment   |
| Vitamin D Analogs (Topical)   | CALCIPOTRIENE FOAM  | calcipotriene, calcitriol  |
| Miscellaneous Topical Dermatological Agents   | ALCORTIN A  | hydrocortisone, mupirocin  |
|   | LIDOCAINE/TETRACAINE, PLAGLIS~  | lidocaine cream, lidocaine/prilocaine cream  |
| <b>DIABETES</b><br>Blood Glucose Meters & Test Strips   | ASCENSIA (CONTOUR)<br>ROCHE (ACCU-CHEK)<br>TRIVIDIA (TRUETEST, TRUETRACK)<br>ALL OTHER METERS & TEST STRIPS<br>THAT ARE NOT LISTED AS PREFERRED | FREESTYLE KITS/METERS: FREESTYLE FREEDOM, FREESTYLE<br>FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE<br>FREESTYLE TEST STRIPS: FREESTYLE, FREESTYLE INSULINX,<br>FREESTYLE LITE<br>ONETOUCH KITS/METERS: ULTRA2, ULTRAMINI, VERIO,<br>VERIO FLEX<br>ONETOUCH TEST STRIPS: ULTRA, VERIO<br>PRECISION XTRA METERS, TEST STRIPS, B-KETONE STRIPS |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors & Combinations  | ALOGLIPTIN, NESINA, ONGLYZA, TRADJENTA  | JANUVIA  |
|   | ALOGLIPTIN/METFORMIN, JENTADUETO, JENTADUETO XR,<br>KAZANO, KOMBIGLYZE XR   | JANUMET, JANUMET XR  |
|   | ALOGLIPTIN/PIOGLITAZONE   | pioglitazone plus JANUVIA  |
| Dipeptidyl Peptidase-4 (DPP-4) Inhibitors/Sodium Glucose<br>Co-Transporter-2 (SGLT-2) Inhibitors Combinations | QTERN   | GLYXAMBI, STEGLUJAN  |
| Glucagon-Like Peptide-1 Agonists  | ADLYXIN, VICTOZA  | BYDUREON, BYETTA, OZEMPIC, TRULICITY   |
| Insulins  | ADMELOG, AFREZZA, APIDRA, FIASP, INSULIN ASPART,<br>INSULIN ASPART PROTAMINE, INSULIN LISPRO, NOVOLOG   | HUMALOG, LYUMJEV   |
|   | NOVOLIN, RELIION NOVOLIN  | HUMULIN  |
|   | SEMGLEE   | LANTUS, LEVEMIR, TOUJEO, TRESIBA   |
| <b>EAR/NOSE</b><br>Nasal Steroids   | BECONASE AQ, OMNARIS, QNASL~, ZETONNA   | flunisolide, fluticasone, mometasone   |
| Otic Fluoroquinolone Antibiotics  | CIPROFLOXACIN/FLUOCINOLONE OTIC   | ciprofloxacin/dexamethasone otic, OTOVEL   |
| <b>ENDOCRINE (OTHER)</b><br>Gonadotropin-Releasing Hormone (GnRH) Analogs<br>(for Central Precocious Puberty) | FENSOLVI  | LUPRON DEPOT-PED, TRIPTODUR  |
| Growth Hormones   | HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE,<br>SAIZEN, SAIZENPREP, ZOMACTON   | GENOTROPIN, NORDITROPIN FLEXPRO  |
| Somatostatin Analogs  | MYCAPSSA, SANDOSTATIN LAR DEPOT   | SOMATULINE DEPOT   |
|   | SIGNIFOR LAR  | For Acromegaly: SOMATULINE DEPOT<br>For Cushing's Disease: SIGNIFOR  |
| Testosterone Products   | AVEED   | testosterone cypionate, testosterone enanthate   |
| Thyroid Replacement Therapy   | LEVOTHYROXINE CAPSULES, THYQUIDITY,<br>TIROSINT~, TIROSINT-SOL~   | levothyroxine tablets  |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| <b>ENDOCRINE (OTHER) (continued)</b><br>Miscellaneous Endocrine Drugs   | KORLYM   | ketoconazole, LYSODREN, SIGNIFOR   |
| <b>GASTROINTESTINAL</b><br>Antidiarrheal Agents   | MYTESI   | diphenoxylate/atropine, loperamide   |
| Antiemetics (Oral)  | AKYNZEO CAPSULES   | granisetron, ondansetron, aprepitant, VARUBI TABLETS   |
|   | EMEND POWDER PACKETS   | aprepitant, VARUBI TABLETS   |
| Bowel Evacuants   | CLENPIQ, GOLYTELY PACKETS, OSMOPREP, PLENVU, SUPREP, SUTAB   | peg-electrolyte solution   |
| Corticosteroids (Rectal Formulations)   | CORTIFOAM  | hydrocortisone enema, UCERIS FOAM  |
| Gallstone Dissolution Agents  | RELTONE  | ursodiol   |
| Gastroparesis Agents  | GIMOTI   | No alternatives recommended  |
| Helicobacter Pylori Agents  | HELIDAC, PYLERA  | lansoprazole/amoxicillin/clarithromycin, TALICIA   |
| Hemorrhoidal Preparations   | PROCTOFOAM-HC  | pramoxine/hydrocortisone   |
| Inflammatory Bowel Agents   | DIPENTUM   | balsalazide disodium, mesalamine dr, mesalamine er, sulfasalazine, PENTASA   |
| Irritable Bowel Syndrome & Chronic Constipation Agents  | AMITIZA, LUBIPROSTONE  | LINZESS, TRULANCE  |
| Pancreatic Enzymes  | PERTZYE  | CREON, PANCREAZE, ZENPEP   |
| Proton Pump Inhibitors  | ACIPHEX SPRINKLE, ESOMEPRAZOLE STRONTIUM, NEXIUM PACKETS, PRILOSEC SUSPENSION, RABEPRAZOLE DR SPRINKLE | esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole, rabeprazole  |
| <b>HEMATOLOGICAL</b><br>Antiplatelet Agents   | ASPIRIN/OMEPRAZOLE DR, YOSPRALA DR   | aspirin plus omeprazole, esomeprazole, lansoprazole, pantoprazole or rabeprazole   |
| Erythropoiesis-Stimulating Agents   | ARANESP, EPOGEN, MIRCERA   | PROCRIT, RETACRIT  |
| Factor Deficiency Agents & Related Products   | NOVOSEVEN RT~  | SEVENFACT  |
|   | NUWIQ, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE  | ADVATE, ADYNOVATE, AFSTYLA, ELOCTATE, ESPEROCT, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT   |
| Granulocyte Colony Stimulating Factors  | GRANIX, NEUPOGEN   | NIVESTYM, ZARXIO   |
|   | NEULASTA, UDENYCA  | FULPHILA, NYVEPRIA, ZIEXTENZO  |
| Iron Replacement Agents   | MONOFERRIC   | sodium ferric gluconate complex, VENOFER   |
| Sickle Cell Disease Agents  | AXBRYTA  | hydroxyurea, ADAKVEO, DROXIA   |
|   | SIKLOS   | DROXIA   |
| Thrombocytopenia Agents   | MULPLETA   | DOPTELET   |
|   | TAVALISSE  | DOPTELET, PROMACTA, NPLATE   |
| <b>HEPATITIS</b><br>Hepatitis C   | LEDIPASVIR/SOFOSBUVIR, MAVYRET, SOFOSBUVIR/VELPATASVIR, SOVALDI  | EPCLUSA, HARVONI, VOSEVI, ZEPATIER   |
| <b>HIV</b><br>Antiretrovirals<br>Note: Current patients established on therapy are allowed to continue therapy. | COMPLERA   | ODEFSEY  |
|   | DELSTRIGO  | efavirenz/emtricitabine/tenofovir disoproxil fumarate, efavirenz/lamivudine/tenofovir disoproxil fumarate, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ |
|   | PIFELTRO   | efavirenz, EDURANT   |
|   | PREZCOBIX  | atazanavir, ritonavir, KALETRA TABLETS, PREZISTA   |
|   | RUKOBIA ER   | Coverage may be approved for the treatment of human immunodeficiency virus-1 infection in heavily treatment-experienced patients with multidrug-resistant infection.     |
|   | STRIBILD   | BIKTARVY, GENVOYA  |

~ Medications will be excluded beginning 07/01/2021.

*Continued*

| Drug Class  | Excluded Medications  | Preferred Alternatives   |
|---|---|--|
| <b>MUSCULOSKELETAL &amp; RHEUMATOLOGY</b><br>Gout Therapy     | COLCHICINE CAPSULES   | colchicine tablets, MITIGARE   |
| Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)                 | DICLOFENAC 35 MG CAPSULES, INDOMETHACIN 20 MG CAPSULES, KETOROLAC NASAL SPRAY, TIVORBEX, ZIPSOR, ZORVOLEX | diclofenac, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, piroxicam          |
|   | FENOPROFEN CAPSULES, FENORTHO, NALFON CAPSULES  | fenoprofen calcium tablets, diclofenac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen   |
|   | RELAFEN DS  | nabumetone, diclofenac, ibuprofen, indomethacin, meloxicam, naproxen, piroxicam                    |
| Topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)         | DICLOFENAC EPOLAMINE PATCHES, PENNSAID  | diclofenac sodium topical, FLECTOR PATCHES, LICART PATCHES   |
| <b>OBSTETRICAL &amp; GYNECOLOGICAL</b><br>Combination Patches | CLIMARA PRO   | COMBIPATCH   |
| Contraceptives  | ANNOVERA, BALCOLTRA, LO LOESTRIN FE, NATAZIA, TWIRLA  | generic oral and ring contraceptives, xulane patches   |
|   | PHEXXI  | Barrier methods of contraception, such as condoms, diaphragms, spermicides or sponges.             |
|   | SLYND   | generic progestin-only oral contraceptives   |
| Estrogen & Estrogen Modifiers for Vaginal Symptoms            | ESTRING~, IMVEXXY~, INTRAROSA, OSPHENA  | estradiol cream, estradiol vaginal tablets, yuvafem, PREMARIN CREAM                                |
|   | FEMRING   | estradiol cream, estradiol patches, estradiol tablets, yuvafem, PREMARIN CREAM                     |
| Estrogen/Progestin Combinations (Oral)                        | BIJUVA~, PREMPHASE, PREMPRO   | amabel, estradiol/norethindrone acetate, fyavolv, jinteli, mimvey, norethindrone/ethinyl estradiol |
| Estrogens (Oral)  | MENEST~, PREMARIN TABLETS   | estradiol tablets  |
| Human Chorionic Gonadotropin                                  | CHORIONIC GONADOTROPIN, PREGNYL   | NOVAREL, OVIDREL   |
| Ovulatory Stimulants (Follitropins)                           | FOLLISTIM AQ  | GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT  |
| Prenatal Vitamins   | PREGENNA, TRINAZ  | generic prenatal vitamins  |
| Topical Estrogen Agents                                       | DIVIGEL~, ELESTRIN, ESTROGEL, EVAMIST~  | estradiol patches  |
| Vaginal Progestones   | CRINONE 4%  | medroxyprogesterone, megestrol, norethindrone, progesterone  |
|   | CRINONE 8%  | ENDOMETRIN   |
| <b>ONCOLOGY</b><br>Acute Myeloid Leukemia (AML) Agents        | ONUREG  | azacitidine, decitabine  |
| Bevacizumab-Containing Agents                                 | AVASTIN   | MVASI, ZIRABEV   |
| Breast Cancer Agents  | KISQALI, KISQALI FEMARA CO-PACK, PIQRAY   | IBRANCE, VERZENIO  |
| Chronic Lymphocytic Leukemia (CLL) Agents                     | CALQUENCE   | IMBRUVICA, VENCLEXTA   |
| Multiple Myeloma Agents                                       | BLENREP, XPOVIO   | DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE                                 |
| Myelodysplastic Syndrome Agents                               | INQOVI  | decitabine   |
| Myelofibrosis Agents  | INREBIC   | JAKAFI   |
| Prostate Cancer Agents  | ORGOVYX, TRELSTAR   | ELIGARD, FIRMAGON  |
| Rituximab-Containing Agents                                   | RIABNI, RITUXAN, RITUXAN HYCELA, TRUXIMA  | RUXIENCE   |
| Trastuzumab-Containing Agents                                 | HERCEPTIN, HERCEPTIN HYLECTA, HERZUMA, OGIVRI, ONTRUZANT  | KANJINTI, TRAZIMERA  |
|   | PHESGO  | PERJETA plus KANJINTI or TRAZIMERA   |
| Tyrosine Kinase Inhibitors                                    | QINLOCK   | imatinib, NEXAVAR, SPRYCEL, STIVARGA, SUTENT, TASIGNA, VOTRIENT                                    |

~ Medications will be excluded beginning 07/01/2021.

*Continued*

| Drug Class  | Excluded Medications   | Preferred Alternatives   |
|---|--|--|
| <b>OPHTHALMIC</b><br>Antiglaucoma Agents (Beta-Adrenergic Blockers)                 | BETIMOL~   | timolol drops, betaxolol drops, levobunolol drops, ALPHAGAN P 0.1%, COMBIGAN   |
| Antiglaucoma Agents (Other)   | RHOPRESSA~, ROCKLATAN~   | betaxolol drops, bimatoprost drops, dorzolamide/timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops   |
| Antiglaucoma Drugs (Ophthalmic Prostaglandins)                                      | DURYSTA, XELPROS   | bimatoprost drops, latanoprost drops, travoprost drops, LUMIGAN, ZIOPTAN   |
| Blepharoptosis Agents   | UPNEEQ   | No alternatives recommended  |
| Ophthalmic Agents - Other   | CYSTADROPS   | CYSTARAN   |
| Ophthalmic Anti-Allergic  | ALOCRIL, ALOMIDE, LASTACAPT, PAZEO   | azelastine drops, cromolyn drops, epinastine drops, olopatadine drops, ZERVIAE   |
| Ophthalmic Anti-Inflammatory  | FLAREX~, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD   | dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX GEL/OINTMENT  |
| Ophthalmic Combinations   | TOBRADEX ST~, ZYLET~   | tobramycin/dexamethasone drops, TOBRADEX OINTMENT  |
| Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)                           | ACUVAIL, BROMSITE~, NEVANAC  | bromfenac drops, diclofenac drops, ketorolac drops   |
| Ophthalmic Quinolone Antibiotics  | BESIVANCE~, CILOXAN OINTMENT   | ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops   |
| <b>OSTEOARTHRITIS</b><br>Hyaluronic Acid Derivatives                                | DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SODIUM HYALURONATE, SUPARTZ FX, SYNVISIC, SYNVISIC-ONE, TRILURON, TRIVISC, VISCO-3 | EUFLEXXA, MONOVISC, ORTHOVISC  |
| <b>OSTEOPOROSIS</b><br>Bone Modifiers   | EVENITY, PROLIA  | alendronate, ibandronate, risedronate, zoledronic acid, FORTEO, TYMLOS   |
| <b>RENAL DISEASE</b><br>Nephropathic Cystinosis Medications                         | PROCYSBI   | CYSTAGON   |
| Phosphate Binders   | FOSRENOL POWDER PACKETS  | lanthanum, sevelamer carbonate, sevelamer hcl, PHOSLYRA, VELPHORO  |
| <b>RESPIRATORY</b><br>Epinephrine Auto-Injector Systems                             | AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY IMPAX)   | epinephrine auto-injector (by Mylan, Teva), EPIPEN, EPIPEN JR  |
| Immunological Agents for Asthma   | CINQAIR  | DUPIXENT, FASENRA, NUCALA  |
| Long-Acting Beta Agonist Inhalers   | STRIVERDI RESPIMAT   | SEREVENT DISKUS  |
| Long-Acting Muscarinic Antagonist Inhalers  | TUDORZA PRESSAIR   | INCRUSE ELLIPTA, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT  |
| Long-Acting Muscarinic Antagonist/<br>Long-Acting Beta-Agonist Combination Inhalers | DUAKLIR PRESSAIR   | ANORO ELLIPTA, BEVESPI AEROSPHERE, STIOLTO RESPIMAT  |
| Pulmonary Anti-Inflammatory Inhalers  | ARMONAIR DIGIHALER, PULMICORT FLEXHALER~   | ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER  |
| Pulmonary Anti-Inflammatory/<br>Beta-Agonist Combination Inhalers                   | AIRDUO DIGIHALER, AIRDUO RESPICLICK, BUDESONIDE/FORMOTEROL, FLUTICASONE/SALMETEROL (BY A-S MEDICATION, TEVA)                                   | fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, BREO ELLIPTA, DULERA, SYMBICORT   |
| Respiratory Agents - Other  | DALIRESP~  | fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, ANORO ELLIPTA, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BEVESPI AEROSPHERE, BREO ELLIPTA, DULERA, FLOVENT DISKUS, FLOVENT HFA, INCRUSE ELLIPTA, PERFORMIST, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, SYMBICORT |
| Short-Acting Beta <sub>2</sub> -Agonist Inhalers                                    | ALBUTEROL SULFATE HFA (BY A-S MEDICATION, PRASCO), LEVALBUTEROL HFA, PROAIR DIGIHALER, PROAIR RESPICLICK, VENTOLIN HFA, XOPENEX HFA            | albuterol sulfate hfa (by Cipla, Lupin, Par, Perrigo, Proficient Rx & Teva)  |

~ Medications will be excluded beginning 07/01/2021.

Continued

| Drug Class  | Excluded Medications | Preferred Alternatives   |
|---|----------------------|--|
| MISCELLANEOUS AGENTS<br>Allergen Immunotherapy                  | PALFORZIA            | No alternatives recommended  |
| Cushing's Agents  | ISTURISA             | SIGNIFOR   |
| Gaucher Disease Agents  | ELELYSO              | CEREZYME   |
| Glucocorticoids   | ALKINDI SPRINKLE     | hydrocortisone tablets   |
|   | HEMADY               | dexamethasone tablets  |
| Hereditary Angioedema   | BERINERT             | CINRYZE, RUCONEST  |
| Immune Globulins  | CUTAQUIG             | SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY   |
|   | GAMMAKED             | IV: GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C<br>SC: GAMMAGARD LIQUID, GAMUNEX-C, XEMBIFY |
|   | HIZENTRA             | SC: XEMBIFY  |
| Immunosuppressant Agents  | ENVARUSUS XR~        | tacrolimus   |
|   | OTREXUP              | RASUVO   |
|   | XATMEP               | methotrexate   |
| Neuromyelitis Optica Spectrum Disorder Agents                   | UPLIZNA              | ENSPRYNG   |
| Nocturnal Polyuria Agents                                       | NOCTIVA              | desmopressin tablets   |
| Overactive Bladder Agents                                       | VESICARE LS          | oxybutynin, oxybutynin er  |
| Polyneuropathy of Hereditary Transthyretin-Mediated Amyloidosis | ONPATTRO             | TEGSEDI  |
| Potassium Binders   | VELTASSA             | LOKELMA  |

### Indication Based Management

| Drug Class   | Excluded Medications | Preferred Alternatives   |
|--|----------------------|--|
| Spinal Conditions (nr-axSpA)                         | COSENTYX             | TALTZ, CIMZIA  |
| Inflammatory Conditions‡ where COSENTYX is indicated | COSENTYX             | TALTZ, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SC, TREMFYA, XELJANZ, XELJANZ XR |

| Drug Class               | Nonpreferred Medications   | Preferred Alternatives   |
|--------------------------|--|--|
| Inflammatory Conditions‡ | All other Brand Name medications for Inflammatory Conditions are Nonpreferred. Approval may be granted following a coverage review. A trial of one or more Preferred medications is required prior to initiating therapy with a Nonpreferred medication. A formulary exception may be granted for a patient already established on therapy with a Nonpreferred medication. | Preferred: ENBREL, HUMIRA, OTEZLA, RINVOQ ER, SKYRIZI, STELARA SC, TALTZ, TREMFYA, XELJANZ, XELJANZ XR<br><br>Preferred after Step through HUMIRA: ACTEMRA<br><br>ULCERATIVE COLITIS ONLY Preferred after Step through HUMIRA: SIMPONI 100 MG, XELJANZ, XELJANZ XR |

‡ Please note that product placement for treatment of Inflammatory Conditions in the Inflammatory Conditions Care Value (ICCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

## Excluded Medications/Products at a Glance

|  |   |   |  |  |
|--|---|---|--|--|
| <p>ABILIFY^<br/>ACANYA^<br/>ACIPHEX^<br/>ACIPHEX SPRINKLE<br/>ACUVAIL<br/>ADCIRCA^<br/>ADDERALL^<br/>ADLYXIN<br/>ADMELOG<br/>AFREZZA<br/>AGGRENOL^<br/>AIRDUO DIGIHALER,<br/>AIRDUO RESPICLICK<br/>AKYZEO CAPSULES<br/>ALBUTEROL SULFATE HFA<br/>(BY A-S MEDICATION, PRASCO)<br/>ALCORTIN A<br/>ALKINDI SPRINKLE<br/>ALOCRIL<br/>ALOGLIPTIN<br/>ALOGLIPTIN/METFORMIN<br/>ALOGLIPTIN/PIOGLITAZONE<br/>ALOMIDE<br/>ALTOPREV<br/>AMBIEN^, AMBIEN CR^<br/>AMITIZA<br/>AMPHETAMINE ER SUSPENSION<br/>AMPYRA^<br/>AMRIX^<br/>ANDROGEL^<br/>ANNOVERA<br/>ANUSOL-HC^<br/>APADAZ<br/>APIDRA<br/>APOKYN~<br/>APTIOM<br/>ARANESE<br/>ARIMIDEX^<br/>ARMONAIR DIGIHALER<br/>ASACOL HD^<br/>ASCENSIA (CONTOUR)<br/>ASPIRIN/OMEPRAZOLE DR<br/>ATACAND^, ATACAND HCT^<br/>ATRALIN^<br/>ATRIPLA^<br/>AUVI-Q<br/>AVALIDE^, AVAPRO^<br/>AVASTIN<br/>AVEED<br/>AVODART^<br/>AZOR^<br/>BALCOLTRA<br/>BARACLUDE TABLETS^<br/>BECONASE AQ<br/>BENICAR^, BENICAR HCT^<br/>BENZHYDROCODONE/ACETAMINOPHEN<br/>BERINERT<br/>BESIVANCE~<br/>BETIMOL~<br/>BIJUVA~<br/>BLENREP<br/>BRISDELLE^<br/>BROMSITE~<br/>BUDESONIDE/FORMOTEROL<br/>BUNAVAIL<br/>BUPAP^<br/>BUTRANS^<br/>BYSTOLIC<br/>CALCIPOTRIENE FOAM<br/>CALQUENCE<br/>CANASA^~<br/>CAPLYTA<br/>CARAC<br/>CELEBREX^<br/>CELEXA^<br/>CHORIONIC GONADOTROPIN<br/>CIALIS^<br/>CILOXAN OINTMENT<br/>CINQAIR<br/>CIPROFLOXACIN/FLUOCINOLONE OTIC<br/>CLENPIQ<br/>CLIMARA PRO<br/>CLINDAGEL<br/>CLINDAMYCIN PHOSPHATE 1% GEL<br/>(BY OCEANSIDE)<br/>CLOCORTOLONE<br/>COLCHICINE CAPSULES<br/>COLCRYS^~<br/>COMPLERA<br/>CONCERTA^<br/>CONIUPRI<br/>COREG^<br/>CORLANOR~<br/>CORTIFOAM<br/>COSENTYX<br/>COSOPT^ (currently excluded),<br/>COSOPT PF^~<br/>COZAAR^, HYZAAR^<br/>CRESTOR^</p> | <p>CRINONE<br/>CUPRIMINE^<br/>CUTAQUIG<br/>CYMBALTA^<br/>CYSTADROPS<br/>CYTOMEL^<br/>DALIRESP~<br/>DELSTRIGO<br/>DELZICOL^<br/>DETROL^, DETROL LA^<br/>DICLOFENAC 35 MG CAPSULES<br/>DICLOFENAC EPOLAMINE PATCHES<br/>DIOVAN^, DIOVAN HCT^<br/>DIPENTUM<br/>DIVIGEL~<br/>DORAL<br/>DORYX DR 80 MG,<br/>DOXYCYCLINE HYCLATE DR 80 MG<br/>DOXYCYCLINE 40 MG CAPSULES<br/>DRIZALMA SPRINKLE<br/>DRYSOL<br/>DUAKLIR PRESSAIR<br/>DURAGESIC^<br/>DUROLANE<br/>DURYSTA<br/>DUTOPROL<br/>EKOZA<br/>EDARBI, EDARBYCLOR<br/>EFFEXOR XR^<br/>ELELYSO<br/>ELESTRIN<br/>ELIDEL^<br/>EMEND CAPSULES^, TRIFOLD PACK^<br/>EMEND POWDER PACKETS<br/>EMFLAZA<br/>ENVARUS XR~<br/>EPANED<br/>EPIDUO^<br/>EPIDUO FORTE<br/>EPINEPHRINE AUTO-INJECTOR<br/>(BY IMPAX)<br/>EPOGEN<br/>ESOMEPRAZOLE STRONTIUM<br/>ESTRACE CREAM^<br/>ESTRING~<br/>ESTROGEL<br/>ESTROSTEP FE^<br/>EVAMIST~<br/>EVENITY<br/>EVZIO<br/>EXFORGE^, EXFORGE HCT^<br/>EXJADE^<br/>EXONDYS 51<br/>EXTAVIA<br/>EZALLOR SPRINKLE<br/>FEMRING<br/>FENOPROFEN CAPSULES<br/>FENORTHO<br/>FENSOLVI<br/>FENTANYL CITRATE BUCCAL TABLETS<br/>FENTORA<br/>FIASP<br/>FINTEPLA<br/>FIRAZYR^<br/>FIRDAPSE<br/>FIRVANQ<br/>FLAREX~<br/>FLUOROURACIL 0.5% CREAM<br/>FLUTICASONE/SALMETEROL<br/>(BY A-S MEDICATION, TEVA)<br/>FML FORTE, FML S.O.P.<br/>FOCALIN^, FOCALIN XR^<br/>FOLLISTIM AQ<br/>FOSRENOL CHEWABLE TABLETS^<br/>FOSRENOL POWDER PACKETS<br/>GAMMAKED<br/>GANIRELIX ACETATE^<br/>GEL-ONE<br/>GELSYN-3<br/>GENERESS FE^<br/>GENVISC 850<br/>GIMOTI<br/>GLEEVEC^<br/>GLUCOPHAGE^, GLUCOPHAGE XR^<br/>GLUMETZA^<br/>GOCOVRI ER<br/>GOLYTELY PACKETS<br/>GRANIX<br/>HELIDAC<br/>HEMADY<br/>HERCEPTIN, HERCEPTIN HYLECTA<br/>HERZUMA<br/>HIZENTRA<br/>HUMATROPE<br/>HYALGAN<br/>HYMOVIS<br/>IMIQUIMOD 3.75% CREAM PUMP<br/>IMITREX^<br/>IMPEKLO</p> | <p>IMVEXXY~<br/>INDERAL LA^<br/>INDERAL XL, INNOPRAN XL<br/>INDOMETHACIN 20 MG CAPSULES<br/>INGREZZA<br/>INQOVI<br/>INREBIC<br/>INSULIN ASPART,<br/>INSULIN ASPART PROTAMINE<br/>INSULIN LISPRO<br/>INTRAROSA<br/>INTUNIV^<br/>ISTALOL^<br/>ISTURISA<br/>JADENU^, JADENU SPRINKLE^<br/>JENTADUETO, JENTADUETO XR<br/>KAPSPARGO SPRINKLE<br/>KATERZIA<br/>KAZANO<br/>KEPPRA^, KEPPRA XR^<br/>KETOROLAC NASAL SPRAY<br/>KISQALI, KISQALI FEMARA CO-PACK<br/>KLISYRI<br/>KOMBIGLYZE XR<br/>KORLYM<br/>LAMICTAL^, LAMICTAL ODT^,<br/>LAMICTAL XR^<br/>LAMPIT<br/>LASTACAFT<br/>LAZANDA<br/>LEDIPASVIR/SOFOSBUVIR<br/>LETAIRIS^<br/>LEVALBUTEROL HFA<br/>LEVOTHYROXINE CAPSULES<br/>LEXAPRO^<br/>LIALDA^<br/>LIBRAX^<br/>LIDOCAINE/TETRACAINE<br/>LIDODERM^<br/>LIPITOR^<br/>LO LOESTRIN FE<br/>LOCOID^, LOCOID LIPOCREAM^<br/>LOESTRIN^, LOESTRIN FE^<br/>LOTREL^<br/>LOTRONEX^<br/>LOVENOX^<br/>LUBIPROSTONE<br/>LUCEMYRA<br/>LULICONAZOLE<br/>LUNESTA^<br/>LYRICA^<br/>LYRICA CR<br/>MAVYRET<br/>MAXALT^, MAXALT MLT^<br/>MAXIDEX^<br/>MENEST~<br/>MESTINON^<br/>MICARDIS^, MICARDIS HCT^<br/>MINASTRIN 24 FE^<br/>MINIVELLE^<br/>MINOCYCLINE ER CAPSULES<br/>MIRCERA<br/>MIR CETTE^<br/>MONOFERRIC<br/>MORPHABOND ER<br/>MOVIPREP^<br/>MULPLETA<br/>MYCAPSSA<br/>MYTESI<br/>NALFON CAPSULES<br/>NALOXONE AUTO-INJECTOR<br/>NAMENDA XR^<br/>NASONEX^<br/>NATAZIA<br/>NATROBA^<br/>NESINA<br/>NEULASTA<br/>NEUPOGEN<br/>NEURONTIN^<br/>NEVANAC<br/>NEXIUM CAPSULES^<br/>NEXIUM PACKETS<br/>NOCTIVA<br/>NORCO^<br/>NORTHERA^~<br/>NORVASC^<br/>NOVOLIN, RELION NOVOLIN<br/>NOVOLOG<br/>NOVOSEVEN RT~<br/>NOXAFIL TABLETS^<br/>NUCYNTA, NUCYNTA ER<br/>NUTROPIN AQ NUSPIN<br/>NUVIGIL^<br/>NUVIQ<br/>OGIVRI<br/>OMNARIS<br/>OMNITROPE<br/>ONGENTYS<br/>ONGLYZA</p> | <p>ONPATTRO<br/>ONTRUZANT<br/>ONUREG<br/>ORGOVYX<br/>OSMOPREP<br/>OSPHERA<br/>OTREXUP<br/>OXBRYTA<br/>PENNYN<br/>OZOBAX<br/>PALFORZIA<br/>PATADAY^<br/>PAZEO<br/>PENNSAID<br/>PERCOCET^<br/>PERTZYE<br/>PEXEVA<br/>PHESGO<br/>PHEXXI<br/>PIFELTRO<br/>PIQRAY<br/>PLAQUENIL^<br/>PLAVIX^<br/>PLENVU<br/>PLIAGLIS~<br/>PRADAXA<br/>PRALUENT<br/>PRAVACHOL^<br/>PRED MILD<br/>PREGENNA<br/>PREGNYL<br/>PREMARIN TABLETS,<br/>PREMPHASE, PREMPRO<br/>PREVACID^, PREVACID SOLUTAB^<br/>PREZCOBIX^<br/>PRILOSEC SUSPENSION<br/>PRIMLEV<br/>PRISTIQ^<br/>PROAIR DIGIHALER,<br/>PROAIR RESPICLICK<br/>PROAIR HFA^<br/>PROCTOFOAM-HC<br/>PROCYSBI<br/>PROLIA<br/>PROTONIX^<br/>PROVENTIL HFA^<br/>PROVIGIL^<br/>PROZAC^<br/>PULMICORT FLEXHALER~<br/>PULMICORT RESPULES^<br/>PYLERA<br/>QBRELIS<br/>QDOLO<br/>QINLOCK<br/>QNASL~<br/>QTERN<br/>QUARTETTE^<br/>QUAZEPAM<br/>RABEPRAZOLE DR SPRINKLE<br/>RANEXA^<br/>RAPAFLO^<br/>RECOMBINATE<br/>RELAFEN DS<br/>RELTONE<br/>RENAGEL^<br/>RETIN-A MICRO 0.04% &amp; 0.1%~<br/>RHOPRESSA~, ROCKLATAN~<br/>RIABNI<br/>RITUXAN, RITUXAN HYCELA<br/>ROCHE (ACCU-CHEK)<br/>ROZEREM^<br/>RUKOBIA ER<br/>SAFYRAL^<br/>SAIZEN, SAIZENPREP<br/>SANDOSTATIN LAR DEPOT<br/>SAPHRIS^~<br/>SAVAYA<br/>SEASONIQUE^, LOSEASONIQUE^<br/>SEMLEE<br/>SENSIPAR^<br/>SEROQUEL^, SEROQUEL XR^<br/>SIGNIFOR LAR<br/>SIKLOS<br/>SINGULAIR^<br/>SITAVIG<br/>SLYND<br/>SODIUM HYALURONATE<br/>SOFOSBUVIR/VELPATASVIR<br/>SOVALDI<br/>SPRAVATO<br/>STRATTERA^<br/>STRIBILD<br/>STRIVERDI RESPIMAT<br/>SUBOXONE^~<br/>SUBSYS<br/>SULCONAZOLE<br/>SUPARTZ FX<br/>SUPREP<br/>SUTAB</p> | <p>SYNVISC, SYNVISC-ONE<br/>TARGRETTIN CAPSULES^<br/>TAVALISSE<br/>TAYTULLA^<br/>TAZORAC 0.1% CREAM^<br/>TEKTURNA^<br/>TESTIM^<br/>THYQUIDITY<br/>TIKOSYN^<br/>TIMOPTIC OCUDOSE^<br/>TIROSINT~, TIROSINT-SOL~<br/>TIVORBEX<br/>PAZEO<br/>TOBI SOLUTION^<br/>TOBRADEX ST~<br/>TOLSURA<br/>TOPAMAX^<br/>TOPICORT SPRAY^<br/>TOPROL XL^<br/>TRADJENTA<br/>TRANSDERM-SCOP^<br/>TRAVATAN Z^<br/>TRELSTAR<br/>TREMIMET^<br/>TRIBENZOR^<br/>TRICOR^<br/>TRILEPTAL^<br/>TRILURON<br/>TRINAZ<br/>TRIVIDIA (TRUETEST, TRUETRACK)<br/>TRIVISC<br/>TRUVADA^~<br/>TRUXIMA<br/>TUDORZA PRESSAIR<br/>TWIRLA<br/>UDENYCA<br/>ULORIC^<br/>UPLIZNA<br/>UPNEEQ<br/>UROXATRAL^<br/>VAGIFEM^<br/>VALIUM^<br/>VALTRESX^<br/>VANOS^<br/>VELTASSA<br/>VELTIN<br/>VENTOLIN HFA<br/>VERDESO FOAM<br/>VESICARE^<br/>VESICARE LS<br/>VIAGRA^<br/>VICTOZA<br/>VIIBRYD<br/>VILTEPSO<br/>VISO-3<br/>VIVELLE~DOT^<br/>VIVLODEX^<br/>VYEPTI<br/>VYONDYS 53<br/>VYTORIN^<br/>WELCHOL PACKETS^ (currently<br/>excluded), WELCHOL TABLETS^~<br/>WELLBUTRIN SR^, WELLBUTRIN XL^<br/>WINLEVI<br/>WYNZORA<br/>XADAGO<br/>XALATAN^<br/>XANAX^, XANAX XR^<br/>XATMEP<br/>XELPROS<br/>XENAZINE^<br/>XIMINO<br/>XOLEGEL<br/>XOPENEX HFA<br/>XPROVIO<br/>XTAMPZA ER<br/>XYNTHA, XYNTHA SOLOFUSE<br/>YASMIN^<br/>YOSPRALA DR<br/>ZAVESCA^<br/>ZEGERID^<br/>ZELAPAR<br/>ZETIA^<br/>ZETONNA<br/>ZIPSOR<br/>ZOCOR^<br/>ZOHYDRO ER^<br/>ZOLMITRIPTAN NASAL SPRAY<br/>ZOLOFT^<br/>ZOMACTON<br/>ZOMIG TABLETS^, ZOMIG ZMT^<br/>ZONEGRAN^<br/>ZORVOLEX<br/>ZOVIRAX OINTMENT^<br/>ZYCLARA<br/>ZYLET~<br/>ZYTIGA 250 MG^ (currently excluded),<br/>ZYTIGA 500 MG^~</p> |
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^ Multisource brand exclusion – The generic equivalent of this brand-name medication is covered under your plan. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance. As new generic medications become available, additional multisource brand products may become excluded.

~ Medications will be excluded beginning 07/01/2021.